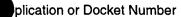


Effective October 1, 2000



51126CON1

CLAIMS AS FILED - PART I						SMALL ENTITY			1TITY		OTHER	
TOTAL CLAIMS			(Column 1)		(Column 2)		1	TYPE :		OR	SMALL	
TOTAL CLATIVIS			10				١. ا	RATE	FEE	1 1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ļ	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			// minus 20=		· 0		!	X\$ 9=		OR	X\$18=	0
INDEPENDENT CLAIMS			2 minus 3 =		Ô		!	X40=		OR	X80=	0
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, ento					r "0" in c	olumn 2	l	TOTAL		OR	TOTAL	710
	CI	LAIMS AS A	MENDED	- PAR	T II	,				-	OTHER	-
(Column 1) (Column						(Column 3)		SMALL E		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	·]	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NITATION OF	Minus	***		`= /		X40=		OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF M	OLITE DEI	ENDEN	LAIM		1	+135=		OR	+270=	
				•				TOTAL			TOTAL	
		(Column 1)		(Colui	mn 2)	(Column 3)		ADDIT. FEE	L	4	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	HEST	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 10	Minus	** /	<i>'U</i>	=]	X\$ 9=		OR	X\$18=	7
	Independent	*	Minus	***	2	=	┧╽	X40=		OR	X80= .	
Ľ	HIRST PRESE	NTATION OF M	OLIIPLE DEI	-ENDEN	LOLAIM		 L	+135=		OR	+270= 4	
							1	TOTAL			TOTAL	
		(Cal····································	•	/O=1:	mr O,	(Calumer O		ADDIT. FEE			ADDIT. FEE	
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	MN 2) HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=	ï
	Independent	*	Minus	***	T 61	=	┧╽	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	I CLAIM		L	105		1	,070	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+135=		OR	+270=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											